



(DO NOT WRITE IN THIS SPACE)  
VA DATE STAMP

**APPLICATION FOR DEPENDENCY AND INDEMNITY COMPENSATION,  
DEATH PENSION AND ACCRUED BENEFITS BY A SURVIVING SPOUSE  
OR CHILD (INCLUDING DEATH COMPENSATION IF APPLICABLE)**

**IMPORTANT** - Read instructions carefully before completing this form. Answer all items fully. Detach and retain **ONLY** the instruction sheets. If more space is required, attach additional sheets and identify each answer by item number. Write clearly or print the answers.

1. NAME OF DECEASED VETERAN <i>(First, middle, last)</i>		2. VA FILE NO.  XC/XSS	
3. IF VETERAN PREVIOUSLY APPLIED TO THE VA FOR ANY BENEFIT, INSERT VA FILE NUMBER, IF KNOWN, AND IF DIFFERENT FROM ITEM 2		4. RAILROAD RETIREMENT NO.	
5. SOCIAL SECURITY NO. OF VETERAN		6B. TELEPHONE NO. <i>(Include Area Code)</i> DAYTIME: EVENING:	
6A. NAME OF CLAIMANT <i>(First, middle, last)</i>		6D. RELATIONSHIP TO VETERAN <i>(Check One)</i> <input type="checkbox"/> SURVIVING SPOUSE <input type="checkbox"/> CHILD	
6C. MAILING ADDRESS OF CLAIMANT <i>(No. and street or rural route, City or P.O., State and ZIP Code)</i>		6E. SOCIAL SECURITY NO. OF SURVIVING SPOUSE OR CLAIMANT	

**PART I - IDENTIFICATION AND SERVICE INFORMATION OF VETERAN** *(See Instructions, Paragraph H)*

7. DATE OF BIRTH		8. DATE OF DEATH		9. PLACE OF DEATH	
10. ARE YOU CLAIMING THAT THE CAUSE OF DEATH WAS DUE TO SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO					
11A. ENTERED ACTIVE SERVICE		11B. SERVICE NO.	11C. SEPARATED FROM ACTIVE SERVICE		11D. GRADE, RANK OR RATING, ORGANIZATION AND BRANCH OF SERVICE
DATE	PLACE		DATE	PLACE	

12. IF VETERAN SERVED UNDER A NAME OTHER THAN THAT SHOWN IN ITEM 1, GIVE THAT FULL NAME, SERVICE DATES AND BRANCH OF SERVICE USING THAT NAME

**PART II - INFORMATION RELATING TO MARRIAGE** *(See Instructions, Paragraph I)*

**INFORMATION RELATING TO VETERAN**

13. HOW MANY TIMES WAS VETERAN MARRIED?

14A. MARRIAGE		14B. TO WHOM MARRIED	14C. HOW MARRIAGE ENDED <i>(Death, divorce, etc.)</i>	14D. MARRIAGE ENDED	
DATE	PLACE			DATE	PLACE

**INFORMATION RELATING TO SURVIVING SPOUSE**

NOTE: If claimant is not veteran's surviving spouse, omit items 15 to 21 inclusive.

15. HOW MANY TIMES HAS SURVIVING SPOUSE BEEN MARRIED?		16. HAS SURVIVING SPOUSE REMARRIED SINCE DEATH OF VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO			
17A. MARRIAGE		17B. TO WHOM MARRIED	17C. HOW MARRIAGE ENDED <i>(Death, divorce, etc.)</i>	17D. MARRIAGE ENDED	
DATE	PLACE			DATE	PLACE

**YOU MUST SIGN AND DATE THIS FORM AT THE BOTTOM OF PAGE 8.**